

**OFFICE OF THE FEDERAL DEFENDER  
EASTERN DISTRICT OF CALIFORNIA  
801 I STREET, 3rd FLOOR  
SACRAMENTO, CALIFORNIA 95814  
(916) 498-5700 Fax: (916) 498-5710**

Daniel J. Broderick  
Federal Defender

Linda Harter  
Chief Assistant Defender

May 5, 2008

Ms. Candace A. Fry  
Attorney at Law  
2401 Capitol Avenue, #3A  
Sacramento, CA 95816

**FILED**

MAY 5 2008

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY DEPUTY CLERK

Re: U.S. v. Giles  
Cr.S-05-125-MCE

Dear Ms. Fry:

This will confirm your appointment as counsel by the Honorable Dale A. Drozd, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,

  
CYNTHIA L. COMPTON  
Operations Administrator

:clc  
Enclosures

cc: Clerk's Office

1. CIR/DIST/DIV. CODE CAE		2. PERSON REPRESENTED Giles, Shaneko		3. OTHER NUMBER																																																																																																																																																							
3. MAG. DKT/DEF. NUMBER		4. DIST. DKT/DEF. NUMBER 2:05-000125-005		5. APPEALS DKT/DEF. NUMBER																																																																																																																																																							
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Giles		8. PAYMENT CATEGORY Felony																																																																																																																																																							
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Probation Revocation																																																																																																																																																									
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1344A.F -- BANK FRAUD																																																																																																																																																											
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS FRY, CANDACE A. 2401 CAPITOL AVENUE SUITE 3A SACRAMENTO CA 95816  Telephone Number: _____			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <u>Dale A. Fry</u> Signature of Presiding Judicial Officer or By Order of the Court <u>04/23/2008</u> Date of Order      Name Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																								
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">CATEGORIES (Attach itemization of services with dates)</th> <th style="width:10%;">HOURS CLAIMED</th> <th style="width:10%;">TOTAL AMOUNT CLAIMED</th> <th style="width:10%;">MATH/TECH ADJUSTED HOURS</th> <th style="width:10%;">MATH/TECH ADJUSTED AMOUNT</th> <th style="width:10%;">ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>15. <b>a. Arraignment and/or Plea</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>b. Bail and Detention Hearings</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>c. Motion Hearings</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>d. Trial</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>e. Sentencing Hearings</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>f. Revocation Hearings</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>g. Appeals Court</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>h. Other (Specify on additional sheets)</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Rate per hour = \$ 100 ) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>16. <b>a. Interviews and Conferences</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>b. Obtaining and reviewing records</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>c. Legal research and brief writing</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>d. Travel time</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>e. Investigative and Other work (Specify on additional sheets)</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(Rate per hour = \$ 100 ) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. <b>Travel Expenses</b> (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. <b>Other Expenses</b> (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____</td> </tr> <tr> <td colspan="3">20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</td> <td colspan="3">21. CASE DISPOSITION</td> </tr> <tr> <td colspan="6">         22. CLAIM STATUS    <input type="checkbox"/> Final Payment    <input type="checkbox"/> Interim Payment Number _____    <input type="checkbox"/> Supplemental Payment          Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO          Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, give details on additional sheets.          I swear or affirm the truth or correctness of the above statements.          Signature of Attorney: _____      Date: _____       </td> </tr> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. APPR / CERT</td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td>DATE</td> <td colspan="2">28a. JUDGE / MAG. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td>32. OTHER EXPENSES</td> <td colspan="2">33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td>DATE</td> <td colspan="2">34a. JUDGE CODE</td> </tr> </tbody> </table>						CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	15. <b>a. Arraignment and/or Plea</b>						<b>b. Bail and Detention Hearings</b>						<b>c. Motion Hearings</b>						<b>d. Trial</b>						<b>e. Sentencing Hearings</b>						<b>f. Revocation Hearings</b>						<b>g. Appeals Court</b>						<b>h. Other (Specify on additional sheets)</b>						(Rate per hour = \$ 100 ) TOTALS:						16. <b>a. Interviews and Conferences</b>						<b>b. Obtaining and reviewing records</b>						<b>c. Legal research and brief writing</b>						<b>d. Travel time</b>						<b>e. Investigative and Other work (Specify on additional sheets)</b>						(Rate per hour = \$ 100 ) TOTALS:						17. <b>Travel Expenses</b> (lodging, parking, meals, mileage, etc.)						18. <b>Other Expenses</b> (other than expert, transcripts, etc.)						19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____						20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION			21. CASE DISPOSITION			22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____      Date: _____						23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT		28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE		29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW																																																																																																																																																						
15. <b>a. Arraignment and/or Plea</b>																																																																																																																																																											
<b>b. Bail and Detention Hearings</b>																																																																																																																																																											
<b>c. Motion Hearings</b>																																																																																																																																																											
<b>d. Trial</b>																																																																																																																																																											
<b>e. Sentencing Hearings</b>																																																																																																																																																											
<b>f. Revocation Hearings</b>																																																																																																																																																											
<b>g. Appeals Court</b>																																																																																																																																																											
<b>h. Other (Specify on additional sheets)</b>																																																																																																																																																											
(Rate per hour = \$ 100 ) TOTALS:																																																																																																																																																											
16. <b>a. Interviews and Conferences</b>																																																																																																																																																											
<b>b. Obtaining and reviewing records</b>																																																																																																																																																											
<b>c. Legal research and brief writing</b>																																																																																																																																																											
<b>d. Travel time</b>																																																																																																																																																											
<b>e. Investigative and Other work (Specify on additional sheets)</b>																																																																																																																																																											
(Rate per hour = \$ 100 ) TOTALS:																																																																																																																																																											
17. <b>Travel Expenses</b> (lodging, parking, meals, mileage, etc.)																																																																																																																																																											
18. <b>Other Expenses</b> (other than expert, transcripts, etc.)																																																																																																																																																											
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____																																																																																																																																																											
20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION			21. CASE DISPOSITION																																																																																																																																																								
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____      Date: _____																																																																																																																																																											
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT																																																																																																																																																							
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE																																																																																																																																																							
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED																																																																																																																																																							
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																																																																																																																							

GILES

FINANCIAL AFFIDAVIT			
IN SUPPORT OF ATTORNEY'S FEES, EXPENSES, AND SALARY			
IN THE UNITED STATES <input type="checkbox"/> MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)			
IN THE CASE OF <u>U.S. v. Giles</u>		FOR <u>ED CA</u>	LOCATION NUMBER <u>097</u>
AT <u>Sacramento</u>			
PERSON REPRESENTED (Show your full name) <u>SHANEKO GILES</u>		1 <input checked="" type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input checked="" type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	
CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		DOCKET NUMBERS Magistrate District Court <u>05-125-MCE</u> Court of Appeals	

ANSWERS TO QUESTIONS REGARDING ASSETS								
EMPLOYMENT	Are you now <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: <u>The Cedar Club, S.F.</u> IF YES, how much do you earn per month? \$ <u>just started - 9/07 - 12/07</u> IF NO, give month and year of last employment <u>9/07 - 12/07</u> How much did you earn per month? \$ <u>2,100/month</u>							
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u> IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____							
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES <u>C. 1,000/month per no. Employer 9/07 - 12/07</u>							
ASSETS	CASH Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>102.00</u>							
	PROP-ERTY Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND DESCRIBE IT <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">VALUE</th> <th style="width: 50%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	VALUE	DESCRIPTION					
VALUE	DESCRIPTION							

DEPENDENTS		MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them															
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	<input checked="" type="checkbox"/> SINGLE	0	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Creditors</th> <th style="width: 20%;">Total Debt</th> <th style="width: 20%;">Monthly Paymt.</th> </tr> </thead> <tbody> <tr> <td>APARTMENT OR HOME: <u>no rent - staying with sister - pays for</u></td> <td>\$</td> <td>\$</td> </tr> <tr> <td><u>run food + trans + clothes etc.</u></td> <td>\$</td> <td>\$</td> </tr> <tr> <td><u>C. 2,100 owing for</u></td> <td>\$</td> <td>\$</td> </tr> <tr> <td><u>6-2400 rest. this case</u></td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	Creditors	Total Debt	Monthly Paymt.	APARTMENT OR HOME: <u>no rent - staying with sister - pays for</u>	\$	\$	<u>run food + trans + clothes etc.</u>	\$	\$	<u>C. 2,100 owing for</u>	\$	\$	<u>6-2400 rest. this case</u>	\$	\$
		Creditors			Total Debt	Monthly Paymt.													
		APARTMENT OR HOME: <u>no rent - staying with sister - pays for</u>			\$	\$													
		<u>run food + trans + clothes etc.</u>			\$	\$													
<u>C. 2,100 owing for</u>	\$	\$																	
<u>6-2400 rest. this case</u>	\$	\$																	
<input type="checkbox"/> MARRIED																			
<input type="checkbox"/> WIDOWED																			
<input type="checkbox"/> SEPARATED OR DIVORCED																			

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)
5/23/08  
Shaneke Giles